

## CO - 17 REV. 7/03 (STOCK NO 102-01)

**VENDOR:** PLEASE COMPLETE THIS FORM AND SEND IT TO THE DEPARTMENT **BILLING ADDRESS** SHOWN ON THE PURCHASE ORDER

**VENDOR / PAYEE:** FIELDS 9,10,14 and 18 ARE MANDATORY FOR PAYMENT

(13) VENDOR COMMENTS

[illegible]

	(22)	(24)	(23)		(14)	(25)	(26)		(27)	(28)		(29)	(30)
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(32) DEPARTMENT NAME AND ADDRESS	(33) PO NO.	(35) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE
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(34) PO BUSINESS UNIT	(36) RECEIVING REPORT NO.	(37) DATE(S) OF RECEIPT(S)
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	SHIPPING INFORMATION	
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[illegible]